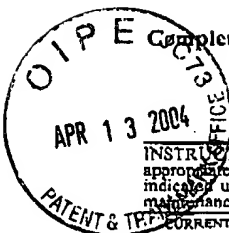


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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Commissioner for Patents
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Gregory V. Bean

(Depositor's name)

(Signature)

(Date)

13 Apr 2004

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/868,874	04/15/2002	Steffen Schmid	08256.0148	1265

TITLE OF INVENTION: Acousto-Optic Add/Drop Multiplexer with Retro-Reflection and Wavelength Selective Optical Cross-Connect

Acousto-Optic Add/Drop Multiplexer with Retro-Reflection and Wavelength Selective Optical Cross-Connect

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	06/09/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
PETKOVSEK, DANIEL J	2874	385-007000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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Corning Incorporated

Corning, New York

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

OMB 0651-0033

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